

# Work Order ID 99048

\*99048\*

Page 1

March-28-13 10:49:16 AM

Item ID: D2529 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Washer 300  
 Start Date: 3/27/13 Start Qty: 150.00 \*150\* Cust Item ID:  
 Required Date: 3/27/13 Req'd Qty: 150.00 \*150\* Customer:  
 Reference:

Approvals: Process Plan: MCS Date: 13-04-02 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start \*NR1\*  
 Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2529	Rev E

100 PURCHASING 0.00  
 \*100\*  
 Purchasing Memo 0.00  
 Purchasing Issue P/O: 19461 Possible Supplier: Acklands, P/N: PFS FW14S1  
CX 13/04/02 500

110 Receive & Inspect for Damage & Mat'l Certs 0.00  
 \*110\*  
 Packaging Memo 0.00  
 Packaging Ensure Material Release Note is attached  
500x SP 13-4-8

120 QC6- Inspect dimensions to drawing 0.00  
 \*120\*  
 QC Memo 0.00  
 Quality Control  
500  
1548

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 99048

\*99048\*

Page 2

March-28-13 10:49:16 AM

Item ID: D2529 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Washer  
 Start Date: 3/27/13 Start Qty: 150.00 \*150\* Cust Item ID:  
 Required Date: 3/27/13 Req'd Qty: 150.00 \*150\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>8504</u>	0.00							
*130*									
Packaging	Memo	0.00				500x			SP 13-4-8
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
*140*									
QC	Memo	0.00							13/4/10 <u>JD</u>
Quality Control									

13-04-9

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	
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# Picklist Print

March-28-13 10:49:15 AM

Page 1

Work Order ID: 99048

Parent Item: D2529

Parent Item Name: Washer

Start Date: 3/27/13

Required Date: 3/27/13

Start Qty: 150.00

Required Qty: 150.00

Comments: IPP: C01.09.18Added purchasing infoCB

IPP D 07.07.06 rev E dwg

EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
PFS-FW14S1 WASHER		Purchased	No				Each	0.0000		<del>150</del> 500			

500 x 8P13-4-8.

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

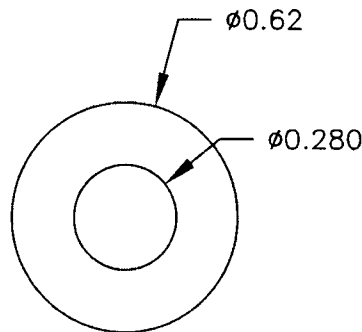
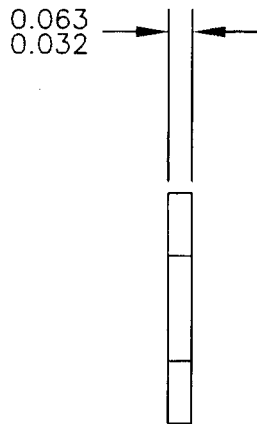
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**DART**

DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D2529	REV. E SHEET 1 OF 1
DATE 07.04.17		TITLE WASHER	SCALE 2:1

**RELEASED**  
07.06.28 *[Signature]*

A	95.12.22	NEW ISSUE
B	96.08.28	ADD SS
C	97.03.24	RE-DESIGN, CHANGE MATERIAL SPEC.
D	97.10.14	CHANGE THICKNESS (TSR A144)
E	07.04.17	UPDATE DRAWING NOTES



13-04-02  
99048MLS  
13-04-02

**D2529 WASHER**

- 1) MATERIAL: AISI 303 OR AISI 304/316 STAINLESS STEEL  
(REF DART MATERIAL SPEC M303R OR M304R)
- 2) POSSIBLE SUPPLIER: ACKLANDS, P/N: PFS FW14S1
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES 0.005 TO 0.010 MAX

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**ACKLANDS - GRAINGER INC.**  
765 CAMERON ST.  
HAWKESBURY ON K6A 2B7  
(613) 632-2739

**ACKLANDS - GRAINGER INC.**  
**PO BOX 2970**

**WINNIPEG MB R3C 4B5**

**DART AEROSPACE LTD**  
**1270 ABERDEEN ST**  
**HAWKESBURY** **ON**  
**K6A 1K7**

**PACKING SLIP ONLY  
INVOICE TO FOLLOW**

PACKING SLIP#	
1417 0425142	1

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PAGE NO  
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DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY ON  
K6A 1K7

AP W SHIP TO  
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ENVOYEZ À

NO. DU CLIENT CUST. NO. <b>172628</b>		NO DE REFERENCE DU CLIENT CUST. REF. NO.		NO. DE LEVANCE PROVINCIALE P.S.T. LIC. NO.		NO. DU CONTRAT CONTRACT NO.		EXP. DIRECTE DIR. SHIP		DATE DE LA COMMANDE ORDER DATE		DATE DE LA FACTURE INVOICE DATE																			
<b>1726280</b>		<b>19461</b>				<b>N/A - HST</b>		<b>N</b>		<b>04/04/2013</b>		<b>04/05/2013</b>																			
VENDEUR SALESPERSON <b>M85</b>		TERMS TERMS <b>*** NET 30 ***</b>		NO. DE VERSEMENTS NO. OF PMTS. <b>0</b>		M.E.P. M.B.P. <b>0</b>		DATE DU PREMIER VERSEMENT FIRST PAYMENT DATE <b>00/00/0000 11:33</b>		APP. DE CREDIT CREDIT AUTH		S'APPLIQUE AU NO. DE FACTURE APPLY TO INVOICE NO.		RC/ B.O./SUB.		COPIES		T.P.S/G.S.T.													
ORDRE DE COMMANDE ORDER SOO		CODE DU MAN. NFG CODE		NO. DE PIECE ITEM NO.		PRIX DE LISTE SUGG. LIST		QUANTITE COMMANDEE QUANTITY ORDERED		QUANTITE EXPEDIEE QUANTITY SHIPPED		CODE DE COMMA DIFF B.O. CODE		UNITE DE MESURE RECOMMANDE ORDER UNIT OF MEASURE		PRIX PRICE		PAR PER		ESC DIS		PRIX EXTENSIONNE EXTENDED PRICE		I. P. P. S. T.							
ORDRE DE TABLETTE BIN LOCATION				DESCRIPTION																											
				RCD 13-374		21.65		✓ 12		12				EA		✓ 21.39		1				256.68		NYY							
				DANGEROUS GOODS LIMITED QTY:		0.000 KG		✓		5.000		LT				✓															
				WDF 01080		10.85		✓ 8		8				EA		✓ 10.742		1				85.94		NYY							
				GREASE LITHIUM PROTECTIVE WH 283G				✓								✓															
				DANGEROUS GOODS LIMITED QTY:		0.000 KG /		✓		1.000		LT				✓															
				CDR CHEALT2XL		6.50		✓ 4		4				EA		✓ 6.23		1				24.92		NYY							
				COVERALLS MCRPROUS EL WR AKL HD 2XL				✓								✓															
				CDR CHEALT3XL		7.16		✓ 6		6				EA		✓ 6.50		1				39.00		NYY							
				COVERALLS MCRPROUS EL WR AKL HD 3XL				✓								✓															
				TTN 151232		141.20		✓ 4		4				CX		✓ 73.58		1				294.32		NYY							
				N02B WIRE GALV 16GA 50LB				✓								✓															
				PFS FW14S1		9.64		✓ 500		500				EA		✓ 5.93		1				29.65		NYY							
				C07B WASHER FLAT 18.8SS 1/4				✓								✓		100													
HST# 88970-1272/TVQ# 1019602903																															
EXPEDITEUR SHIP VIA RUSH CUSTOMER PICK												FACTORY PROD SHIP BY		EXPORTATION CODE SHIP COURIER		PORT PAYE PRO FREIGHT		DATE DE LIVRAISON REQUISE REQUESTED DELIVERY		CONNAISSANCE BILL OF LADING		CODE DE COMM. DIFF. B.O. CODE B - B.O. COMMANDE DIFF. C - ANNULEE CANCEL O - EXP DIRECTE DIR. SHIP		9275 9305		Y.P.S / T.V.H G.S.T.M.S.F. TAKE PROV PROV. TAX		94.97 0.00			
103												RECU PAR RECEIVED BY														825.48					
																										MONTANT TOTAL TOTAL AMOUNT					

**COPIE DU CLIENT  
CUSTOMER COPY**



Art Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19461

Purchase Order Date 4/02/13

PO Print Date 4/02/13

Page Number 2 of 2

Order From :

VC-ACK001

ACKLANDS - GRAINGER INC.  
P.O. BOX 2970  
WINNIPEG, MB R3C 4B5  
CA

Contact Name

Vendor Phone

613 632 2739

Vendor Fax

613 632 5386

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Deliver To: ANDY

5	ITN 151232 16GAUGE WIRE GALVANIZED	4/05/13	✓	4.00	Yours ppd	✓	\$73.5800	\$294.32
		Yes		Each				

Deliver To: FINISHING

6	PFS-FW14S1	WASHER	4/05/13	✓	500.00	Yours ppd	✓	\$0.0593	\$29.65
			Yes	Each					

Special Inst: AS PER DWG D2529 REV. E  
B99048

PO Total: \$735.57

GP 13-4-8

Change Nbr: 3

Change Date: 4/02/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO